LADYSMITH NURSING HOME 1001 EAST 11TH STREET NORTH

LADYSMI TH 54848 Ownership: Corporati on Phone: (715) 532-5546 Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/01): 62 Yes Total Licensed Bed Capacity (12/31/01): 62 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: **56** Average Daily Census: 58 *********************** *************************

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3)	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	37. 5
Supp. Home Care-Personal Care	No					1 - 4 Years	42. 9
Supp. Home Care-Household Services		Developmental Disabilities	0.0	Under 65	1.8	More Than 4 Years	19. 6
Day Services	No	Mental Illness (Org./Psy)	39. 3	65 - 74	10. 7		
Respite Care	No	Mental Illness (Other)	7. 1	75 - 84	28. 6		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	44. 6	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	1.8	95 & 0ver	14. 3	Full-Time Equivalen	t
Congregate Meals	No	Cancer	3. 6	ĺ		Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	1. 8	İ	100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	19.6	65 & 0ver	98. 2		
Transportati on	No	Cerebrovascul ar	10. 7			RNs	13. 2
Referral Service	No	Di abetes	1. 8	Sex	% i	LPNs	4. 1
Other Services	No	Respi ratory	7. 1		ˈ	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	7. 1	Male	39. 3	Aides, & Orderlies	34. 9
Mentally Ill	No			Female	60. 7		
Provi de Day Programming for		İ	100.0		j		
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

		ledicare litle 18			edicaid itle 19	-		0ther			Pri vate Pay	;		amily Care			anaged Care	l		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Diem (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	2	5. 3	118	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	2	3. 6
Skilled Care	3	100. 0	315	35	92. 1	102	0	0.0	0	15	100.0	128	0	0.0	0	0	0.0	0	53	94.6
Intermediate				1	2. 6	86	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.8
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100. 0		38	100.0		0	0.0		15	100.0		0	0.0		0	0.0		56	100. 0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti ons	s, Service	s, and Activities as of 12	/31/01
beachs builting kepoliting relific	1			% Ne	edi ng		Total
Percent Admissions from:		Activities of	%		ance of	% Totally	Number of
Private Home/No Home Health	16. 7	Daily Living (ADL)	Independent	One Or	Two Staff		Resi dents
Private Home/With Home Health	5. 6	Bathi ng	0.0	5	0. 0	50. 0	56
Other Nursing Homes	7.4	Dressi ng	3. 6	6	4. 3	32. 1	56
Acute Care Hospitals	63.0	Transferring	8. 9	6	4. 3	26. 8	56
Psych. HospMR/DD Facilities	0.0	Toilet Use	7. 1	5	1. 8	41. 1	56
Reĥabilitation Hospitals	1. 9	Eati ng	21. 4	7	3. 2	5. 4	56
Other Locations	5.6	*************	******	******	******	*********	******
Total Number of Admissions	54	Conti nence		% Sp	ecial Trea	atments	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	14. 3	Recei vi ng	Respiratory Care	12. 5
Private Home/No Home Health	10. 2	0cc/Freq. Incontinent	t of Bladder	53. 6	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	6.8	Occ/Freq. Incontinent	t of Bowel			Sucti oni ng	0. 0
Other Nursing Homes	10. 2				Recei vi ng	Ostomy Care	0. 0
Acute Care Hospitals	8. 5	Mobility			Recei vi ng	Tube Feeding	0. 0
Psych. HospMR/DD Facilities	0.0	Physically Restrained	d	1. 8	Recei vi ng	Mechanically Altered Diets	s 26.8
Rehabilitation Hospitals	0.0				_	·	
Other Locations	1. 7	Skin Care		0t	her Resid	ent Characteristics	
Deaths	62. 7	With Pressure Sores		7. 1	Have Adva	nce Directives	67. 9
Total Number of Discharges		With Rashes		10.7 Me	di cati ons		
(Including Deaths)	59	ĺ			Recei vi ng	Psychoactive Drugs	60. 7

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

	Ownership: This Proprietary Facility Peer Group		Bed	Si ze:	Li c	ensure:					
			50	- 99	Ski	lled	Al I				
			Peer Group		Group	Peer Group		Facilities			
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio		
Occupancy Potes Avenage Poils Conque/Licenced Pode	93. 5	80. 3	1. 17	85. 1	1. 10	84. 4	1. 11	84. 6	1. 11		
Occupancy Rate: Average Daily Census/Licensed Beds											
Current Residents from In-County	91. 1	72. 7	1. 25	72. 2	1. 26	75. 4	1. 21	77. 0	1. 18		
Admissions from In-County, Still Residing	31. 5	18. 3	1. 72	20. 8	1. 51	22. 1	1. 42	20. 8	1. 51		
Admissions/Average Daily Census	93. 1	139. 0	0. 67	111. 7	0. 83	118. 1	0. 79	128. 9	0. 72		
Discharges/Average Daily Census	101. 7	139. 3	0. 73	112. 2	0. 91	118. 3	0. 86	130. 0	0. 78		
Discharges To Private Residence/Average Daily Census	17. 2	58. 4	0. 29	42. 8	0.40	46. 1	0.37	52. 8	0. 33		
Residents Receiving Skilled Care	98. 2	91. 2	1.08	91.3	1. 08	91. 6	1.07	85. 3	1. 15		
Residents Aged 65 and Older	98. 2	96. 0	1. 02	93. 6	1. 05	94. 2	1. 04	87. 5	1. 12		
Title 19 (Medicaid) Funded Residents	67. 9	72. 1	0. 94	67. 0	1. 01	69. 7	0. 97	68. 7	0. 99		
Private Pay Funded Residents	26. 8	18. 5	1. 44	23. 5	1. 14	21. 2	1. 26	22. 0	1. 22		
J			0. 00		0.00	0.8			0. 00		
Developmentally Disabled Residents	0.0	1.0		0.9			0.00	7. 6			
Mentally III Residents	46. 4	36. 3	1. 28	41.0	1. 13	39. 5	1. 18	33. 8	1. 37		
General Medical Service Residents	7. 1	16. 8	0. 43	16. 1	0. 44	16. 2	0. 44	19. 4	0. 37		
Impaired ADL (Mean)	61. 8	46. 6	1. 33	48. 7	1. 27	48. 5	1. 27	49. 3	1. 25		
Psychological Problems	60. 7	47. 8	1. 27	50. 2	1. 21	50. 0	1. 22	51. 9	1. 17		
Nursing Care Required (Mean)	7. 1	7. 1	1.00	7. 3	0. 98	7. 0	1. 01	7. 3	0. 97		